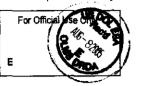
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/98	2. Fiscal Year Covered From:		
	C/ / 01 / 2004 Through: /2 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name ALAN J POSEY	Name IBEW LOCAL UNION 109		
	Labor Organization File Number 020-240		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3329 270TH STREET	Street 1180 AVENUE OF THE CITIES		
City DE WITT	City EAST MOLINE		
State IOWA ZIP Code + 4 52742	State ILLINOIS ZIP Code + 4 61244		
5. Position in labor organization. BUSINESS REP			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests			
(except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name MID AMERICAN ENERGY	ATTENDANCE AT RETIREMENT PARTY FOR MID AMERICAN ENERGY VICE-PRESIDENT		
Trade Name, if any:	JACK ALEXANDER		
P.O. Box, Bldg., Room No., if any			
Street 666 CRAND AVENUE	7.b. Amount.		
Street 666 GRAND AVENUE			
City DES MOINES	\$326		
State IOWA ZIP Code +4 50303-065			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Clay J. Possy	On 7/8/05 563-659-8706		
, ,	Date Telephone Number		

Name of Person Filling ALAN J. POSEY	File Number 6-	7770	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	. priminarra	·	
Trade Name, if any:	a. Labor Organization b. Trust	•	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	C. Employer		
City			
State ZIP Code-+ 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received		
State ZIP Code + 4		3	
		ACCOMPANY OF THE STATE OF THE S	
		And the second of the second o	
		THAT A MAIN CONTRACTOR OF THE ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		As a " " Yel expression of the state of the	
		very summarran 184 a.	
Trade Name, if any:		AND THE	
P.O. Box, Bldg., Room No., if any			
Street		ordinos, analaxes	
City		NAME OF THE PROPERTY OF THE PR	
State ZIP Code + 4	Market MAY (y) are resonance and an additional of the garage and agree and an additional Market Victor parameters are according to the latest of the latest victor and the lates	W against an ann ann ann ann an an an Air an Air ann ann ann ann ann ann an ann an ann an a	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	-	
hannessed to annual			